

**Idaho Department of Health and Welfare  
Child and Family Services  
Indian Child Ancestry Chart**

Child's Name
DOB: _____
POB: _____
Tribe(s): _____
Enrollment
No: _____

Mother's Name
DOB: _____ POB: _____
Tribe(s): _____
Enrollment
No: _____
Father's Name
DOB: _____ POB: _____
Tribe(s): _____
Enrollment
No: _____

Grandmother's Name
DOB: _____ POB: _____
Tribe(s): _____
Enrollment
No: _____
GrandFather's Name
DOB: _____ POB: _____
Tribe(s): _____
Enrollment
No: _____
Grandmother's Name
DOB: _____ POB: _____
Tribe(s): _____
Enrollment
No: _____
Grandfather's Name
DOB: _____ POB: _____
Tribe(s): _____
Enrollment
No: _____

Great- Grandmother's Name
DOB: _____ POB: _____
Tribe(s): _____
Enrollment
No: _____
Great-GrandFather's Name
DOB: _____ POB: _____
Tribe(s): _____
Enrollment
No: _____

Great-Grandmother's Name
DOB: _____ POB: _____
Tribe(s): _____
Enrollment
No: _____
Great-Grandfather's Name
DOB: _____ POB: _____
Tribe(s): _____
Enrollment
No: _____